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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/612,976
Filing Date	July 10, 2000
First Named Inventor	BROWN, Matthew D.
Art Unit	2664
Examiner Name	HO, Chuong T.
Attorney Docket Number	91436-195

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 22463

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

22463

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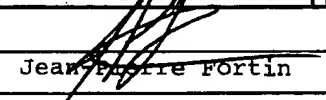
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature				
Name	Jean-Pierre Fortin			
Date	August 15, 2005	Telephone	613-768-3035	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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